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TYPE **ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$300 \$1630 09/16/2004 **EXAMINER** CLASS-SUBCLASS ART UNIT MAYO III, WILLIAM H 2831 174-02500G 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the SUGHRUE MION, names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single **PLLC**  $\hfill \Box$  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. attorneys or agents. If no name is listed, no name will be printed. 3. 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